

IPAC Agency Administrator Designation Form

IPAC Agency Administrator Information

Name (First, Middle Initial, Last) _____
Agency Name _____
Street Address 1 _____
Street Address 2 _____
City, State Zip code _____
Country _____ E-mail Address _____
Telephone Number _____

Alternate IPAC Agency Administrator Information

Name (First, Middle Initial, Last) _____
Agency Name _____
Street Address 1 _____
Street Address 2 _____
City, State Zip code _____
Country _____ E-mail Address _____
Telephone Number _____

Please provide the Agency Location Code (ALC), check the audit responsibility column if this IAA will be responsible for performing the quarterly user reviews, and check the appropriate applications for which the above administrator(s) will be responsible for enrolling users.

Agency Location Code (ALC)	Audit Responsibility	Application		
		IPAC	RITS	TRACS

Name and Title
of Authorizing Official

Signature of Authorizing
Official

Telephone
Number

Date

Mail completed form to the address below or fax it to (202) 874-6170.

Financial Management Service, 3700 East-West Highway, Suite 800B, Hyattsville, MD 20782
ATTN: IPAC Enrollment Department